

Image# 12971203626

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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) JERRY MCNERNEY		
(b) Address (number and street) P.O. Box 690371		<input checked="" type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Stockton CA 95269		2. Candidate's FEC Identification Number H4CA11081
4. Party Affiliation DEMOCRATIC PARTY		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
5. Office Sought House		6. State & District of Candidate CA 09

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2012 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) MCNERNEY FOR CONGRESS		
(b) Address (number and street) P.O. Box 690371		
(c) City, State, and ZIP Code Stockton CA 95269		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) MCNERNEY VICTORY FUND		
(b) Address (number and street) P.O. Box 690371		
(c) City, State, and ZIP Code Stockton CA 95269		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate JERRY MCNERNEY [Electronically Filed]	Date 04/30/2012
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES**[ADDITIONAL]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE:This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

JARED POLIS VICTORY FUND 2012

(b) Address (number and street)

P.O. BOX 1174

(c) City, State and ZIP Code

SPRINGFIELD

VA

22151

DESIGNATION OF OTHER AUTHORIZED COMMITTEES**[ADDITIONAL]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE:This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State and ZIP Code

DESIGNATION OF OTHER AUTHORIZED COMMITTEES**[ADDITIONAL]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE:This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State and ZIP Code